

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**

**ORIGINAL**

ILLINOIS *Refm*  
COMMERCE COMMISSION

2007 NOV -2 P 12: 57

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

CHIEF CLERK'S OFFICE  
Docket No. 07-0537  
ICC Office Use Only

Please provide the appropriate information in the ( ) areas in the heading below.

Logical Telecom, L.P. d/b/a LN Prepaid :  
:  
Application for a certificate of :  
prepaid calling service provider authority :  
in all areas in the :  
State of Illinois :

**APPLICATION TO OBTAIN A**  
**"CERTIFICATE OF PREPAID CALLING SERVICE PROVIDER AUTHORITY"**  
(Use additional sheets as necessary.)

**GENERAL**

1. Applicant's Name (including d/b/a, if any) FEIN # 20-2258627

Logical Telecom, L.P. d/b/a LN Prepaid

Address: Street 1920 South Main Street, Suite 271

City McAllen State/Zip TX, 78503

Please complete the following with respect to the Applicant and Underlying Carrier:

2. Please provide the Applicant's toll-free customer service number.

1-800-448-4306

3. In what area or areas of the state does the Applicant propose to provide service?

Statewide in Illinois.

4. Please attach a sheet designating contact persons to work with Illinois Commerce Commission Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer service complaint resolution
- d) technical and service quality issues and compliance with service quality standards and remedies
- e) "tariff" and pricing issues
- f) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Attached hereto as Exhibit A.

5. Please check type of organization.

☐ Individual ☐ Corporation  
☒ Partnership Date corporation was formed \_\_\_\_\_  
In what state? \_\_\_\_\_  
☐ Other (Specify) \_\_\_\_\_

6. Submit a copy of articles of incorporation or other organization documents, a copy of any contract with any underlying carrier(s) and a copy of certificate of authority to transact business in Illinois.

Attached hereto as Exhibit B.

7. List jurisdictions (other than Illinois) in which Applicant is offering service(s).

California \_\_\_\_\_ Texas \_\_\_\_\_  
Florida \_\_\_\_\_ Applicant also offers services in New York and Kentucky and plans to obtain  
authorizations and offer services in other states.

8. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

9. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. \_\_\_\_\_

10. Has Applicant provided service under any other name?

☒ YES ☐ NO

If YES, please list. "LN Prepaid" as indicated in answer to Question 1 of this application.

11. Is the Applicant seeking an expedited application pursuant to Section 13-404.1(b)?

☐ YES ☒ NO

If YES, please provide the name of the underlying carrier(s) and the docket number of the underlying carrier(s) certification proceeding. \_\_\_\_\_

#### **MANAGERIAL**

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in narrative form, resumes of key personnel, or a combination of these forms.

Attached hereto as Exhibit C.

13. List officers or principals of Applicant.

Raul Cardenas, CEO

Ricardo Cardenas, CFO and COO

14. Does any officer or principals of Applicant have an ownership or other interest in any other entity, which has provided or is currently providing telecommunications services? ☐ YES ☒ NO

If YES, list entity. \_\_\_\_\_

15. How does Applicant propose to handle service complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Attached hereto as Exhibit D.

16. Does Applicant currently maintain service quality standards?

☒ YES ☐ NO

If YES, please attach what those standards are, any credits that may be issued for failures and how customers are notified. Attached hereto as Exhibit E.

17. Will personnel be available at Applicant's business office during regular working hours to respond to customer inquiries about service or billing? ☒ YES ☐ NO

18. What telephone number(s) would a customer use to contact your company (other than the toll-free customer service number provided in response to question 1)?

(214) 764-9393

19. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

**FINANCIAL**

20. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. Applicant specifically requests its financials be given proprietary-confidential treatment. Please see Exhibit F for public disclosure version and Applicant's motion for protective order and related exhibits for proprietary-confidential version.

**TECHNICAL**

21. Does Applicant utilize its own equipment and/or facilities? ☒ YES ☐ NO

If YES, please list the equipment and / or facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

Applicant utilizes Cisco 7301, 5400, and 3745 Gateways to provide interactive voice response functions and Sansay Session Border Controllers to route calls. Please see Exhibit C for Applicant's technical expertise in deploying this equipment.

If NO, which underlying carrier's facilities does the Applicant intend to use?

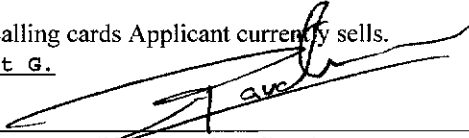
22. Please describe the nature of prepaid service to be provided (e.g., general service, location specific service, discounted rates for specific countries, etc.).

Applicant proposes to offer prepaid calling card services to customers with discounted rates for calls to specific countries.

23. Will technical personnel be available at all times to assist customers with service problems?

X YES        NO

24. Please attach a copy of the front and back of any prepaid calling cards Applicant currently sells.  
Copies of card(s) attached hereto as Exhibit G.

  
\_\_\_\_\_  
(Signature of Applicant)

**VERIFICATION**

This application shall be verified under oath.

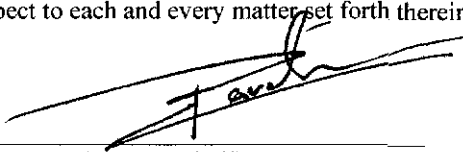
**OATH**

State of Texas )  
County of Hidalgo )ss

Raul Cardenas makes oath and says that he is President  
(Insert here the name of affiant) (Insert the official title of the affiant)

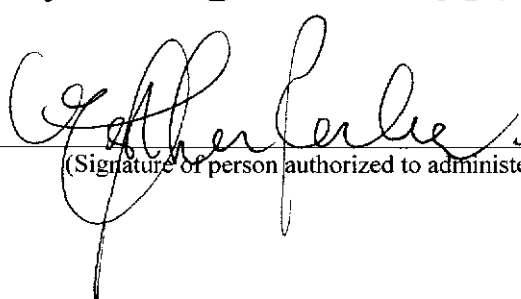
of Logical Telecom, L.P. d/b/a LN Prepaid  
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Notary Public - State of Texas  
(Title of person authorized to administer oaths)

in the State and County above named, this 24th day of October 2007

  
(Signature of person authorized to administer oaths)

